

## **CERTIFYING PAYMENTS MADE FROM THE FEDERAL GOVERNMENT'S JUDGMENT FUND**

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**This chapter provides guidance, procedures, and forms necessary to process certifications from the Judgment Fund for settlement of Administrative and Litigative claims against the U.S. Government.**

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### **Section 3110 - Scope and Applicability**

The Judgment Fund certification functions associated with the Fund were transferred from the General Accounting Office (GAO) to the Financial Management Service (FMS), Department of the U.S. Treasury (Treasury), effective June 30, 1996. This chapter issues guidance on Fund certification *under FMS's authority*. These procedures do not vary substantially from previous guidance released by GAO.

### **Section 3115 - Authority**

The Congress established the Fund, which is a permanent, indefinite appropriation, to pay certain judicially and administratively ordered monetary awards against the United States, as well as amounts owed under compromise agreements negotiated by the United States Department of Justice in settlement of claims arising under actual or imminent litigation. In general, to qualify for payment from the Fund, awards must be final, require payment of specific sums of money awarded against the United States under one of the authorities specified in 31 U.S.C. § 1304(a)(3), and may not legally be payable from any other source of funds. FMS is required to certify judgments and administrative awards as payable from the Fund.

Pursuant to Public Law 104-53 (November 19, 1995), the Fund function was transferred from GAO to the Office of Management and Budget (OMB). The Director, OMB, has delegated this responsibility to the Department of the Treasury (Treasury), FMS. As of June 30, 1996, the GAO ceased reviewing and verifying actions taken or related to certifying payment from the Fund.

### **Section 3120 - General Guidance**

**Agency Submission to FMS.** Responsible agencies must submit requests for certification of payments from the Fund in accordance with procedures in this chapter. In the case of litigative awards, the "responsible agency" is the agency responsible for defending the United States in court on the matter. In the case of administrative awards, the "responsible agency" is the agency authorized to settle the claim.

**Address for Submission.** See Contacts page.

**Agency Certifications.** The responsible agency must certify the propriety and amount of the award using the forms described in Sections 3125 and 3130.

**FMS Forms.** FMS forms prescribed in this chapter are at Appendices 1 through 5. They are not

available through standard forms channels and must be photocopied locally, as necessary.

### **Section 3125 - Core Submission Requirements for Litigative and Administrative Awards**

Core submission requirements must be followed for both types of awards; however, each type of award has additional specific requirements that must be followed, as detailed in Section 3130. For every award (litigative **or** administrative) the responsible agency must submit completed copies of the following:

- FMS Form 194: Transmittal Letter for Litigative Awards (Appendix 1)

*or*

FMS Form 195: Transmittal Letter for Administrative Awards (Appendix 2).

- FMS Form 196: Judgment Fund Award Data Sheet (Appendix 3).
- FMS Form 197: Voucher for Payment Where a Settlement Agreement has *NOT* Been Executed and Attached or Where a Final Judgment is *NOT* Attached

*or*

FMS Form 197-A: Voucher for Payment of Judgments Where a Settlement Agreement Has Been

Executed and Attached or Where a Final Judgment is Attached (Appendix 4).

Agencies may use FMS Form 198: Judgment Fund Award Data Sheet—Additional Deductions (Appendix 5) to itemize deductions requested on line 13 of FMS 196 (Appendix 3). The following requirements must also be met, as appropriate to each case.

### **3125.10 - Debts Owed the United States**

The responsible agency must submit an agency certification of any debts owed to the United States of which it is aware that are to be collected by means of setoff against the award under 31 U.S.C. § 3728.

### **3125.20 - Payment on Behalf of Insured Claimant**

If an insurance company or some other insurer for a claim has not made payment to or on behalf of the insured claimant (for instance, an unreimbursed deductible amount) prior to presenting its claim to the U.S. Government, the responsible agency must document the insured's authority to collect that amount on behalf of the insured claimant.

### **3125.30 - Payment on Behalf of Insurer**

If an insurance company or some other insurer has made payment to or on behalf of an insured claimant prior to the insured's presentation to the U.S. Government of that claim, the responsible agency must document the insured claimant's authority to collect the insured portions of the claim on behalf of the insurer.

### **3125.40 - Minor or Legally Incompetent Claimant**

If the claimant is a minor or is otherwise legally incompetent, the responsible agency must establish in the record that the payee is legally authorized to act on behalf of the claimant, and that any court approvals (Federal, state, or foreign) required for payment have been obtained.

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## **Section 3130 - Additional Submission Requirements Specific to the Type of Award Being Paid (Litigative or Administrative)**

The following requirements must also be met, as appropriate to each case:

### **3130.10 - Bill of Costs**

For awards arising from actual or imminent litigation, the responsible agency must submit the court judgment/order(s) or compromise settlement agreement(s), as applicable, in addition to the documents required by Section 3125. If the court awarded costs against the U.S. Government, the responsible agency must include a copy of the "bill of costs" (or some other specific list of the costs awarded) with its submission.

### **3130.20 - Court of Federal Claims Awards**

Court of Federal Claims awards must be in line with the requirements of 28 U.S.C. § 2517.

The *responsible agency* must submit a:

- Letter requesting payment of the award. (See Appendix 1 FMS Form 194 for an example of this letter.)

- FMS Form 196 with all pertinent information included (Appendix 3).

- FMS Form 197 or 197A (Appendix 4).

The *plaintiff* or its attorney must submit the original raised-seal transcript of the court's judgment.

Payment will be made precisely as the judgement directs and sent to wherever the plaintiff directs. It also may be sent to the plaintiff's attorney upon the attorney's request and the attorney's submission to Treasury of a power of attorney specifically (a) allowing such action or (b) broad enough to be so interpreted.

### **3130.30 - Awards of Unspecified Back Pay Amounts**

For awards of back pay when the judgment does not precisely identify the amount to be paid and withholdings to be made, the responsible agency must include a copy of a signed agreement of the parties specifying the amounts to be paid and withholdings to be made.

### **3130.40 - Additional Requirements for Administrative Settlements**

For awards arising from administrative settlements, the responsible agency must submit the following in addition to the core requirements detailed in Section 3125:

- **For Federal Tort Claims Act awards**, submit a copy of Standard Form 95: Claim for Damage, Injury, or Death.
- **For Board of contract appeals awards**, submit a copy of the board's decision and certifications of finality from the board and the contractor/claimant.

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### **Section 3135 - Incomplete Submissions**

FMS will return, without action, requests for certifications that do not contain all required documents, information, or certifications. The submitting agency may resubmit a request for certification to FMS along with the documents and information required by this section.

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### **Section 3140 - Multiple Claimants/Payees**

When multiple payees are to receive separate payments, the responsible agency must submit either separate forms for each payee or some other schedule providing the same information required by the forms described in Sections 3125 and 3130 for each of the payees who is to receive a separate payment. Examples of this include payments made to each member of the class in a class action, where separate payments are

to be made to each of the heirs in a wrongful death action, or where payment must be made to each of several co-plaintiffs in a tort action.

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### **Section 3145 - FMS Processing**

#### **3145.10 - Advice and Assistance**

The Judgment Fund Section will provide interested parties with formal or informal advice or information regarding submission, processing time, and certification criteria of the Fund. GAO's Principles of Federal Appropriations Law, vol. 3, c. 14 (2d ed. 1994) contains a detailed discussion of the Fund and related provisions of law.

#### **3145.20 - Certifications**

The Judgment Fund Section will certify for payment from the Fund those awards that meet Fund criteria. Once the award is certi-

fied, the Judgment Fund Section transmits a certified FMS Form 197 or FMS Form 197-A (Appendix 4) to the Credit Accounting Branch (CAB) for issuance of a check or the initiation of an electronic funds transfer, as applicable. The Judgment Fund Section will request CAB to issue a check or an electronic funds transfer to the payee identified in the judgment or settlement, as reported in FMS 196 (Appendix 3). **All checks will be mailed to the submitting agency's contact listed on FMS Form 196. Be sure to include the correct delivery address on the form.**

#### **3145.30 - Denials**

The Judgment Fund Section will provide the responsible agency with an explanation of its reasons for any instance in which it declines to certify payment of an award.

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## **CONTACTS**

***Questions concerning this chapter should be directed to:***

**Judgment Fund Section  
Financial Management Service  
Department of the Treasury  
3700 East-West Highway, Room 6D37  
Hyattsville, MD 20782  
(Telephone 202-874-6664)**

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## APPENDICES LISTING

App. No.	Form	Title
1	FMS Form 194	Transmittal Letter for Litigative Awards
2	FMS Form 195	Transmittal Letter for Administrative Awards
3	FMS Form 196	Judgment Fund Award Data Sheet
4	FMS Form 197	Voucher for Payment Where a Settlement Agreement has NOT Been Executed and Attached or Where a Final Judgment is <i>NOT</i> Attached
	FMS Form 197-A	Voucher for Payment of Judgments Where a Settlement Agreement Has Been Executed and Attached or Where a Final Judgment is Attached
5	FMS Form 198	Judgment Fund Award Data Sheet—Additional Deductions

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FMS Form 194

AUTHORIZED FOR LOCAL REPRODUCTION



## Judgment Fund Payment Request (Lit. Award)

FOR FMS USE ONLY: Z-

**General Instruction:** Use this form to transmit to FMS a request to certify a litigative award against the United States for payment from the Judgment Fund, under 31 U.S.C. § 1304.

Date: \_\_\_\_\_

Judgment Fund Section  
Financial Management Service  
Department of the Treasury  
3700 East-West Highway, Room 6D37  
Hyattsville, MD 20782  
(Telephone 202-874-6664)

Matter of: \_\_\_\_\_

Dear Sir or Madam:

I am the authorized representative of the United States in the captioned matter. As described in the enclosed documentation, I certify all of the pertinent criteria required by law for the approval of the claim(s) has been satisfied. I believe the award made in the enclosed judgment or settlement is payable by the United States. The United States will seek no further judicial review of this award, and I have obtained all approvals necessary for its referral for payment.

I believe that this award qualifies for payment pursuant to 31 U.S.C. § 1304. Accordingly, I request that you certify this award for payment from the Judgment Fund established by that law. Enclosed are completed copies of FMS Form 196: Judgment Fund Award Data Sheet; FMS Form 197 or FMS Form 197A: Voucher for Payment; the judgment or settlement agreement; and any other enclosures required by FMS regulations. Unless payment by electronic funds transfer is indicated on FMS Form 196, please have the check sent to the agency contact shown in item 5(c) of FMS Form 196.

\_\_\_\_\_  
Signature\_\_\_\_\_  
Name (printed or typed)\_\_\_\_\_  
Title and Agency

Enclosures: FMS Form 196, FMS Form 197 or 197A, and FMS Form 198

*Incomplete submissions will be returned to the submitter without action.***FMS** FORM 194 PREVIOUS EDITIONS ARE OBSOLETE  
12-96DEPARTMENT OF THE TREASURY  
FINANCIAL MANAGEMENT SERVICE

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FMS Form 195

AUTHORIZED FOR LOCAL REPRODUCTION



## Judgment Fund Payment Request (Admin. Award)

FOR FMS USE ONLY: Z-

**General Instruction:** Use this form to transmit to FMS a request to certify an administrative award against the United States for payment from the Judgment Fund, under 31 U.S.C. § 1304.

Date: \_\_\_\_\_

Judgment Fund Section  
Financial Management Service  
Department of the Treasury  
3700 East-West Highway, Room 6D37  
Hyattsville, MD 20782  
(Telephone 202-874-6664)

Matter of: \_\_\_\_\_

Dear Sir or Madam:

I have been authorized to administratively settle the claims made against the United States in the captioned matter. As described in the enclosed documentation, I certify all pertinent criteria required by law for the approval of the claim(s) has been satisfied. The award has been made against the United States in this matter, and any portions of the award required to be paid from agency funds are being paid from those funds.

I believe that this award qualifies for payment pursuant to 31 U.S.C. § 1304. Accordingly, I request that you certify this award for payment from the Judgment Fund established by that law. Enclosed are completed copies of FMS Form 196: Judgment Fund Award Data Sheet; FMS Form 197 or FMS Form 197A: Voucher for Payment; and all other enclosures required by FMS regulations. Unless payment by electronic funds transfer is indicated on FMS Form 196, please have the check sent to the agency contact shown in item 5(c) of FMS Form 196.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (printed or typed)

\_\_\_\_\_  
Title and Agency

Enclosures: FMS Form 196, FMS Form 197 or 197A, and FMS Form 198

*Incomplete submissions will be returned to the submitter without action.*

**FMS** FORM 12-96 **195** PREVIOUS EDITIONS ARE OBSOLETE

DEPARTMENT OF THE TREASURY  
FINANCIAL MANAGEMENT SERVICE

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FMS Form 196  
Department of the Treasury

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## Financial Management Service



For FMS use only: z-

# Judgment Fund Award Data Sheet

**Instructions:** Both sides of this form must be completed. Use separate forms or schedules for separate payments to separate persons (for instance, separate awards to co-plaintiffs, or to an insurer and the insured). If extra space is needed (for instance, for class actions and multi-claimant awards), attach additional copies of this form or other papers. Indicate attachments at affected items.

<p>1. Claim/Case</p> <p>a. Name of claim/case: _____</p> <p>_____</p> <p>_____</p> <p>b. Claimant/Plaintiff's file # (if known): _____</p> <p>c. If litigative award</p> <p>i. Court name: _____</p> <p>ii. Docket #: _____</p> <p>iii. Justice Dept compromise settlement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. Date award made (mo/day/year): ____/____/____</p> <p>e. Brief description of facts giving rise to claim/case:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>4. Claimant/Plaintiff's Counsel (if any)</p> <p>a. Name &amp; address: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>5. Agency Information</p> <p>a. Submitting agency: _____</p> <p>b. Submitting agency's file #: _____</p> <p>c. Submitting agency's contact: _____</p> <p>i. Name &amp; address</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>ii. Phone No.: ( ) _____-_____</p> <p>iii. Fax No.: ( ) _____-_____</p> <p>d. If agency subject to claim/suit is not submitting agency:</p> <p>i. Subject agency: _____</p> <p>ii. Subject agency's file #: _____</p> <p>e. Statutory function claim/case arose under: _____</p> <p>_____</p> <p>f. If claim is within Contract Disputes Act, 41 U.S.C. §§ 601, 612</p> <p>i. Name &amp; address of agency reimbursement contact:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>ii. Phone No.: ( ) _____-_____</p> <p>iii. Contract No.: _____</p> <p>iv. B.C.A No.: _____</p>
<p>2. Claimant/Plaintiff</p> <p>a. Name &amp; address: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>b. If claim is for back pay, give claimant's</p> <p>i. Social Security Number: _____</p> <p>ii. Birth date (mo/day/year): ____/____/____</p>	<p>6. If payment will be made in a Foreign Currency</p> <p>a. Country &amp; currency: _____</p> <p>_____</p>
<p>3. Payee name (if different from claimant/plaintiff named above)</p> <p>_____</p> <p>_____</p> <p>_____</p>	

**FAILURE TO FULLY COMPLETE THIS FORM WILL RESULT IN ITS RETURN TO THE SUBMITTER**

**FMS FORM 196** PREVIOUS EDITIONS ARE OBSOLETE  
12-96

DEPARTMENT OF THE TREASURY  
FINANCIAL MANAGEMENT SERVICE

FMS Form 196  
Department of the Treasury

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## Judgment Fund Award Data Sheet: Instructions for Lines 7-15

Itemization of Amounts Payable from the Judgment Fund	Amounts to be Paid
	A
<b>7. Principal</b>	
7a. Citation to legal authority	
<b>8. Attorney Fees</b>	
8a. Citation to legal authority	
<b>9. Costs</b>	
9a. Citation to legal authority	
<b>10. Interest</b>	
10a. Citation to legal authority	
10b. Applicable interest rate (%) for award shown	
10c. Compound interest period (daily, yearly, etc.), if any	
10d. Beginning and ending dates for interest accrual	
<b>11. Total Amounts Payable from the Judgment Fund</b>	

**All** If payment will be in a foreign currency, specify all monetary data in that currency.

**7-10** If amounts for fees, costs, or interest were included in the principal amount (stated on line 7) as part of a "lump sum" award, enter "INCLUDED ABOVE" in the white area of column A for each such item. Enter "NONE" for any of these items (principal, fees, costs, or interest) for which no amount was awarded/included.

**7.** Enter the principal amount payable (excluding attorney fees, costs, and interest) in the column A white area. Cite the legal authority for that award (for instance, "FTCA, 28EUSC 2672" or "5th Amend. Reg. Taking") in the gray area below the amount.

**8.** Enter attorney fee (if any) payable in column A white area. Cite legal authority for that award (for instance, "EAJA, 28 USC 2412(b)") in the gray area below the amount.

**9.** Enter costs payable (if any) in column A white area. Cite legal authority for that award (for instance, "EAJA, 28 USC 2412(a)") in the gray area below the amount.

**10.** If interest was payable and is calculable by the submitting agency, enter total amount in column A white area. Cite legal authority for that award (for instance, "Back Pay Act, 5 USC 5596(b)(2)") in the gray area below the amount, and, if known, the rate, compounding period (if any), and the dates interest accrual begins and ends.

**11.** Add and enter the total of amounts shown in white areas of lines 7 through 10.

Deductions to be Made from Amounts Payable from the Judgment Fund	Amounts to be Deducted		
	A	B	C
<b>12. Itemized Deductions</b>			
12a. Reason for deduction shown			
12b. Entity and program to receive the deduction			
12c. Appropriation account to receive deduction			
12d. Address of entity to receive the deduction			
<b>13. Deductions from Other Pages (No. of add'l pages=_____)</b>			
<b>14. Total Amount to be Deducted</b>			
<b>15. Net Amount Payable to Claimant/Plaintiff from the Judgment Fund</b>			

**12.** Starting in column A white area, enter any deductions specified in the judgment or settlement agreement, or to be set off under 31 USC 3728. Place each deduction in its own column and indicate in the gray areas below it the reason (for instance "debt setoff, 31 USC 3728" or "FICA withholding") for it and the recipient's name, address, and appropriation account. If more than 3 deductions, attach additional sheets. If there are no deductions, enter "NONE" in column A white area.

**13.** Enter the number of extra pages (if any) attached for line 12 deductions in the space provided. Enter total amount from all additional pages used.

**14.** Enter the total amounts shown in all columns of line 12 (a, b, & c) and line 13 (a).

**15.** Subtract the amount in line 14 from that in line 11. If greater than 0, enter the difference on line 15. If the difference is 0 or less, enter "NONE" on line 15.

### Privacy Act Statement

This information is required in accordance with 31 U.S.C. § 1304 and 5 U.S.C. § 552. The data you furnish will be used to effect certification of your claim. The information may be shared with other branches within FMS for the purpose of certifying your claim. Failure to provide this information may result in your claim being returned to you.

FMS Form 197  
Department of The Treasury

AUTHORIZED FOR LOCAL REPRODUCTION

Voucher No. \_\_\_\_\_

Schedule No. \_\_\_\_\_

Claim No. \_\_\_\_\_

VOUCHER FOR PAYMENT

WHERE A SETTLEMENT AGREEMENT HAS **NOT** BEEN EXECUTED AND ATTACHED  
OR WHERE A FINAL JUDGMENT IS **NOT** ATTACHED

**A. PAYMENT DATA:** (PLEASE TYPE OR PRINT CLEARLY)

(1) Submitting Agency/Office: \_\_\_\_\_

(2) Agency/Office Mailing Address: \_\_\_\_\_

Attn: \_\_\_\_\_ Tel.# \_\_\_\_\_

(3) Payee(s): \_\_\_\_\_

(4) Taxpayer Identification Number, SSN, or EIN \_\_\_\_\_

(5) Total Amount: \_\_\_\_\_ \$ \_\_\_\_\_

(6) Electronic Funds Transfer (EFT) Information:

(a) Payee Account Name: \_\_\_\_\_ (e) Bank Name & Address: \_\_\_\_\_

(b) ABA Bank # (9 digits): \_\_\_\_\_

(c) Payee Account #: \_\_\_\_\_

(d) Checking \_\_\_\_\_ Savings \_\_\_\_\_

(7) Briefly Identify Claim: \_\_\_\_\_

**PAID BY**

(For use by Treasury only.)

**B. ACCEPTANCE BY CLAIMANT(S).** (NOTE: For use **ONLY** where final judgment has **NOT** been entered or where claimant has **NOT** signed another agreement. Use Form 197-A where final Judgment has been entered or another agreement has been signed by the claimant(s).)

*I, (We), the claimant(s) and beneficiaries, do hereby accept the within-stated award, compromise, or settlement as final and conclusive on me (us), on my (our) heirs, executors, administrators or assigns, and agree that said acceptance constitutes a complete release by me (us), my (our) heirs, executors, administrators or assigns of any and all claims, demands, rights, and causes of action of whatsoever kind and nature, arising now or in the future from, and by reason of any and all known and unknown, foreseen and unforeseen, bodily and personal injuries (including wrongful death), damages to property, breaches of contract or law, and any other acts or omissions, and the consequences thereof, resulting, and to result, from the same subject matter that gave rise to the claim for which I (we) or my (our) heirs, executors, administrators, or assigns, and each of them, now have or may hereafter acquire against the United States and against the employees(s) of the Government whose acts or omissions gave rise to the claim by reason of the same subject matter. I (We) further agree to reimburse, indemnify and hold harmless the United States, its agents, servants and employees from any and all claims or causes of action, including wrongful deaths, that arise or may arise from the acts or omissions that gave rise to the claim by reason of the same subject matter.*

(SIGN ORIGINAL ONLY)

Date \_\_\_\_\_, 19\_\_\_\_

(Claimants sign above)

**C. AGENCY APPROVING OFFICIAL:**

This claim has been fully examined in accordance with Statutory Cite \_\_\_\_\_ and approved in the amount of \$ \_\_\_\_\_

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**D. Other Accounting Information & Certifications:**

(For use by Treasury only.)

FMS Form 197 and FMS Form 197A  
Department of the Treasury

AUTHORIZED FOR LOCAL REPRODUCTION

FMS Form 197 and FMS Form 197A:  
Voucher for Payment

Additional Instructions:

1. Item A.(2): Provide the mailing address for the United States agency or office that should receive the check, which will serve as the confirmation of payment from the Judgment Fund, when payment by check is selected instead of payment by Electronic Funds Transfer (EFT).
2. Item A.(4): Provide this required information for all payments, including electronic transfer and checks.
3. Item A.(6): Provide information to enable payment by means of Electronic Funds Transfer (EFT). This information should be provided unless payment is to be made by check. *Note:* 31 C.F.R. § 206.4 directs agencies to make payments by EFT whenever cost-effective, practical, and consistent with the law, and adds that the Treasury Department may require agencies to justify the use of non-EFT payment mechanisms.
4. Item A.(6)(a): The name on the payee's bank account must match the name of the payee as designated in the governing order or settlement agreement.
5. Item A.(6)(d): This information must be provided.
6. Item A.(7) seeks only enough information to enable the requested payment to be associated in government records with the specific claim at issue. For example:  
  
"Personal injury claims only from traffic accident of 12-19-94 at 7th & Independence Ave, NW. with Park Service vehicle driven by Paul Jones." or  
  
"Breach of contract claims under the Contract Disputes Act on DOD contract 95-123456."
7. [FMS Form 197 ONLY] Item B: This part need not be completed when another separate, legally-sufficient settlement agreement has been signed by the claimant and a copy of it is submitted with the payment request.

**Privacy Act Statement**

This information is required in accordance with 31 U.S.C. § 1304 and 5 U.S.C. § 552. The data you furnish will be used to effect certification of your claim. The information may be shared with other branches within FMS for the purpose of certifying your claim. Failure to provide this information may result in your claim being returned to you.

**FMS** FORM 12-96 **197 and 197A** PREVIOUS EDITIONS ARE OBSOLETE

DEPARTMENT OF THE TREASURY  
FINANCIAL MANAGEMENT SERVICE

FMS Form 197-A  
Department of The Treasury

AUTHORIZED FOR LOCAL REPRODUCTION

Voucher No. \_\_\_\_\_

Schedule No. \_\_\_\_\_

Claim No. \_\_\_\_\_

**VOUCHER FOR PAYMENT**

WHERE A SETTLEMENT AGREEMENT HAS BEEN EXECUTED AND ATTACHED  
OR WHERE A FINAL JUDGMENT IS ATTACHED

**A. PAYMENT DATA:** (PLEASE TYPE OR PRINT CLEARLY)

(1) Submitting Agency/Office: \_\_\_\_\_

(2) Agency/Office Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Attn: \_\_\_\_\_ Tel # \_\_\_\_\_

(3) Payee(s): \_\_\_\_\_

(4) Taxpayer Identification Number, SSN, or EIN \_\_\_\_\_

(5) Total Amount: \_\_\_\_\_ \$ \_\_\_\_\_

(6) Electronic Funds Transfer (EFT) Information:

(a) Payee Account Name: \_\_\_\_\_

(e) Bank Name & Address: \_\_\_\_\_

(b) ABA Bank # (9 digits): \_\_\_\_\_

(c) Payee Account #: \_\_\_\_\_

(d) Checking \_\_\_\_\_ Savings \_\_\_\_\_

(7) Briefly Identify Claim: \_\_\_\_\_

**PAID BY**

(For use by Treasury only.)

**B. AGENCY APPROVING OFFICIAL:**

This claim has been fully examined in accordance with Statutory Cite  
\_\_\_\_\_ and approved in the amount of \$ \_\_\_\_\_

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**C. OTHER ACCOUNTING INFORMATION & CERTIFICATION:**

(For use by Treasury only.)

FMS Form 197 and FMS Form 197A  
Department of the Treasury

AUTHORIZED FOR LOCAL REPRODUCTION

FMS Form 197 and FMS Form 197A:  
Voucher for Payment

Additional Instructions:

1. Item A.(2): Provide the mailing address for the United States agency or office that should receive the check, which will serve as the confirmation of payment from the Judgment Fund, when payment by check is selected instead of payment by Electronic Funds Transfer (EFT).
2. Item A.(4): Provide this required information for all payments, including electronic transfer and checks.
3. Item A.(6): Provide information to enable payment by means of Electronic Funds Transfer (EFT). This information should be provided unless payment is to be made by check. *Note:* 31 C.F.R. § 206.4 directs agencies to make payments by EFT whenever cost-effective, practical, and consistent with the law, and adds that the Treasury Department may require agencies to justify the use of non-EFT payment mechanisms.
4. Item A.(6)(a): The name on the payee's bank account must match the name of the payee as designated in the governing order or settlement agreement.
5. Item A.(6)(d): This information must be provided.
6. Item A.(7) seeks only enough information to enable the requested payment to be associated in government records with the specific claim at issue. For example:  
  
"Personal injury claims only from traffic accident of 12-19-94 at 7th & Independence Ave, NW. with Park Service vehicle driven by Paul Jones." or  
  
"Breach of contract claims under the Contract Disputes Act on DOD contract 95-123456."  
  
7. [FMS Form 197 ONLY] Item B: This part need not be completed when another separate, legally-sufficient settlement agreement has been signed by the claimant and a copy of it is submitted with the payment request.

**Privacy Act Statement**

This information is required in accordance with 31 U.S.C. § 1304 and 5 U.S.C. § 552. The data you furnish will be used to effect certification of your claim. The information may be shared with other branches within FMS for the purpose of certifying your claim. Failure to provide this information may result in your claim being returned to you.

## Financial Management Service

Judgment Fund Award Data Sheet—  
Additional Deductions

For FMS use only: z-

**Instructions:** Use this form to itemize deductions entered in item 13 of the Judgment Fund Award Data sheet (ADS). The items in this form are numbered consistent with the ADS. After completing items 1a and 5a, enter the additional deductions (specified in the judgment or settlement agreement, or to be set off under 31 USC 3728) starting in item 13, Column D, white area. Place each deduction in its own column and indicate in the gray areas below it the reason for it (for example, debt setoff, 31 USC 3728 or FICA withholding) and the recipient's name, address, and appropriation account. Attach additional sheets if more space is needed. The total of these items should equal the amount in ADS Item 13.

1a. Name of Claim/Case \_\_\_\_\_ 5a. Submitting Agency \_\_\_\_\_

DEDUCTIONS TO BE MADE FROM AMOUNTS PAYABLE FROM THE JUDGMENT FUND	AMOUNTS TO BE DEDUCTED		
	D (or _____)	E (or _____)	F (or _____)
13. ITEMIZED DEDUCTIONS			
13a. Reason for deduction shown			
13b. Entity and program to receive the deduction			
13c. Appropriation account to receive deduction			
13d. Address of entity to receive the deduction			

DEDUCTIONS TO BE MADE FROM AMOUNTS PAYABLE FROM THE JUDGMENT FUND	AMOUNTS TO BE DEDUCTED		
	G (or _____)	H (or _____)	I (or _____)
13. ITEMIZED DEDUCTIONS			
13a. Reason for deduction shown			
13b. Entity and program to receive the deduction			
13c. Appropriation account to receive deduction			
13d. Address of entity to receive the deduction			

TO: HEADS OF GOVERNMENT DEPARTMENTS, AGENCIES, AND OTHERS CONCERNED

1. PURPOSE

This chapter updates contacts information and forms and procedures for FMS Form 197: Voucher for Payment. The previous edition of FMS Form 197 has now been replaced with:

FMS Form 197:	Voucher or Payment Where a Settlement Agreement has <i>NOT</i> Been Executed and Attached or Where a Final Judgment is <i>NOT</i> Attached
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**OR**

FMS Form 197-A:	Voucher for Payment of Judgments Where a Settlement Agreement Has Been Executed and Attached or Where a Final Judgment is Attached
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See Section 3125 for updated procedures and Appendix 4 for new forms.

2. PAGE CHANGES

Remove

I TFM 6-3100

Insert

I TFM 6-3100

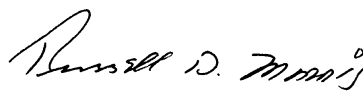
3. EFFECTIVE DATE

Upon receipt.

4. INQUIRIES

Questions concerning this transmittal letter should be directed to:

Judgment Fund Section  
Financial Management Service  
Department of the Treasury  
3700 East-West Highway, Room 6D37  
Hyattsville, MD 20782  
(Telephone 202-874-6664)



Russell D. Morris  
Commissioner

Date: December 30, 1996